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| PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a) FY 2006 (Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).) | | Docket Number (Optional) 105090-0233 | |
| Application Number 10/776,667-Conf. #3788 | | Filed February 10, 2004 | |
| For DENTAL PHOTOTHERAPY METHODS AND COMPOSITIONS | | | |
| Art Unit 3739 | | Examiner H. M. Johnson | |
| This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application. The requested extension and fee are as follows (check time period desired and enter the appropriate fee below): | | | |
| <input type="checkbox"/> One month (37 CFR 1.17(a)(1)) <input type="checkbox"/> Two months (37 CFR 1.17(a)(2)) <input checked="" type="checkbox"/> Three months (37 CFR 1.17(a)(3)) <input type="checkbox"/> Four months (37 CFR 1.17(a)(4)) <input type="checkbox"/> Five months (37 CFR 1.17(a)(5)) | Fee \$120 \$450 \$1020 \$1590 \$2160 | Small Entity Fee \$60 \$225 \$510 \$795 \$1080 | \$ _____ \$ _____ \$ 510.00 \$ _____ \$ _____ |
| <input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. <input type="checkbox"/> A check in the amount of the fee is enclosed. <input checked="" type="checkbox"/> Payment by credit card. <input type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account. <input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number <u>141449</u> . I have enclosed a duplicate copy of this sheet. | | | |
| I am the <input type="checkbox"/> applicant/inventor. <input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71. <input checked="" type="checkbox"/> Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96). <input checked="" type="checkbox"/> attorney or agent of record. Registration Number <u>43,810</u> <input type="checkbox"/> attorney or agent under 37 CFR 1.34. Registration number if acting under 37 CFR 1.34 _____ | | | |
| <u>/Reza Mollaaghababa/</u> Signature | | <u>February 14, 2007</u> Date | |
| <u>Reza Mollaaghababa</u> Typed or printed name | | <u>(617) 439-2000</u> Telephone Number | |
| NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below. | | | |
| <input type="checkbox"/> Total of <u>1</u> forms are submitted. | | | |

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| Three Month Request for Extension of Time Under 37 CFR 1.136(a) | |
| I hereby certify that this correspondence is being electronically filed via EFS-Web to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on the date set forth below. | |
| Dated: February 14, 2007 | Signature: <u>/Reza Mollaaghababa/</u> (Reza Mollaaghababa) |